# UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION

JOHN RUFFINO and MARTHA RUFFINO, ) Husband and Wife, )	
Plaintiffs, )	
v. )	Civil Action No.: 3:17-cv-00725
DR. CLARK ARCHER and HCA ) HEALTH SERVICES OF TENNESSEE, INC. ) d/b/a STONECREST MEDICAL CENTER, )	Jury Demand Judge Crenshaw Magistrate Judge Newbern
Defendants. )	

## AFFIDAVIT OF ADRIAN A. JARQUIN-VALDIVIA, M.D.

STATE OF TENNESSEE	)
	)
COUNTY OF DAVIDSON	)

- 1. I am over 21 years of age and competent in all respects to make this Affidavit. My testimony is based on my education, training, and experience as a physician practicing in Nashville, Tennessee; my own observations and evaluations as Mr. Ruffino's treating physician; and my review of Mr. Ruffino's medical records and imaging studies from StoneCrest Medical Center and Centennial Medical Center.
- 2. After obtaining my medical degree, I completed a transitional training year at the University of Texas in Dallas from 1994 to 1995. From 1995 to 1997, I completed an internal medicine residency at the University of Utah. From 1997 to 2000, I completed a neurology residency at the Mayo Clinic in Rochester, Minnesota. I followed residency training with dual fellowships (NeuroICU Clinical Fellowship and a MICU Clinical Fellowship) at the University of California in San Francisco in 2002.

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- 3. Among numerous other board certifications, I have been board-certified in Neurocritical Care since 2007. My CV is attached to this affidavit as Exhibit A.
- 4. I am the current Medical Director of the Stroke Center at Centennial Medical Center. From 2005 to 2009, I was the Assistant Director of the Stroke Fellowship Program in the Dept. of Neurology at Vanderbilt University Medical Center.
- 5. I was one of Mr. Ruffino's treating neurologists at Centennial Medical Center in February and March 2016 after his transfer from StoneCrest Medical Center.
- 6. Prior to Mr. Ruffino's admission to StoneCrest on February 17, 2016, Mr. Ruffino experienced a series of documented transient ischemic attacks (TIAs) with repetition of the same symptoms, including impact on speech, facial drooping, and dysfunction of his right arm and leg. A TIA is a defined by a series of clinical neurovascular symptoms lasting less than twenty-four (24) hours.
- 7. The documented TIAs were crescendo, stereotypical TIAs caused by a fixed lesion with structural narrowing in the middle cerebral artery leading to a stroke.
- 8. I reviewed the CT scan of Mr. Ruffino's brain, without contrast, performed shortly after Mr. Ruffino's arrival to StoneCrest Medical Center on the morning of February 17, 2016. The study was completed no later than 10:32 a.m., as confirmed by the time of Dr. Parker's dictated interpretation of that study. The February 18, 2016 and February 28, 2016 MRI studies of Mr. Ruffino's brain demonstrate old infarction.
- 9. I reviewed the CT angiogram performed at StoneCrest Medical Center on the afternoon of February 17, 2016 prior to his transfer to Centennial. To a reasonable, high degree of medical probability, an occlusion is present in the M1 segment of the left

middle cerebral artery (MCA). The M2 segment of the left MCA is not occluded. The main risk factors for this condition are chronic smoking and hypertension.

- 10. The federal Food and Drug Administration only authorizes on-label use of tissue plasminogen activator (tPA) within three (3) hours after the patient was last normal. Patient outcome following administration of tPA, specific to location of the occluded vessel, has been studied. My experience is confirmed by the literature. Treatment of an occlusion in the M1 segment of the MCA with tPA does not offer any assurance of improvement in outcome to a reasonable degree of medical certainty, irrespective of time of administration of tPA. Table 4 from *Site of Arterial Occlusion Identified by Transcranial Doppler Predicts the Response to Intravenous Thrombolysis for Stroke*, STROKE, 2007 38: 948-954, establishes that 84.5% of patients with an occlusion in the M1 segment had a poor outcome despite administration of tPA.
- 11. To calculate "last known time of normal" for evaluation of tPA administration or interventional therapy, a patient must be normal when he awakens. A patient that wakes up with a deficit is considered "last normal" at the time the patient went to sleep. The recorded history given in the emergency room at Centennial Medical Center that Mr. Ruffino woke up with right facial weakness, facial droop, slurred speech and expressive aphasia first thing on the morning of February 17, 2016, 1 Mr. Ruffino's last known time of normal was when he went to bed the night before. Mr. Ruffino did not arrive in the ED at StoneCrest until 9:48 a.m.
- 12. Dizziness or seizures, alone, or together, are not an indication to administer tPA.

<sup>&</sup>lt;sup>1</sup> Exhibit B to this affidavit.

- 13. To a reasonable degree of medical probability, the care provided to Mr. Ruffino at StoneCrest Medical Center by the healthcare providers was not the proximate cause of any injury that would not otherwise have occurred.
- 14. The care provided to Mr. Ruffino at Centennial Medical Center complied with accepted standards of care. At discharge from Centennial on February 26, 2016, Mr. Ruffino demonstrated only mild right residual right sided weakness, and mild speech difficulty.
- 15. All of my opinions contained in this affidavit are to a reasonable degree of medical probability and are based on my personal knowledge.

**FURTHER AFFIANT SAY NOT.** 

ADRIAN A. JARQUIN-VALDIVIA, M.D.

Sworn to and subscribed before me this 1th day of Navember, 2017.

NOTARY PUBLIC

My commission expires on: 10-7-2019 COUNTY OF

## CURRICULUM VITAE

May 2013

## Adrian A. Jarquin-Valdivia, M.D., R.D.M.S.

2400 Patterson Street, Suite 320

Nashville, TN 37232

Telephone: (615) 342-6840

Fax: (615) 342-6844

E-mail: adrian.a.jarquin-valdivia@hachealthcare.com

Place and date of birth: Nicaragua, June 16, 1966

Immigration status: U.S. Citizen



## Languages

Spanish and English

#### Education

1984 - 1993 Universidad Nacional Autonoma de Honduras (U.N.A.H.) M.D.

## **Postdoctoral Training**

Fellowships

2000 - 2002University of California, San Francisco

NeuroICU Clinical Fellowship

2000 - 2002University of California, San Francisco

MICU Clinical Fellowship

Internship and residencies

1994 - 1995 University of Texas, Southwestern Medical Center, Dallas.

Transitional Year

University of Utah, University Hospital, Salt Lake City 1995 - 1997

Internal Medicine Residency

1997 - 2000 Mayo Clinic, Rochester, Minnesota

Neurology Residency

## **Attending Physician Appointment:**

Medical Director, Neurosciences Intensive Care Unit	
2005-2009 Assistant Director, Stroke Fellowship, Dept Neurology, VUMC	
2004-2009 Master Clinical Teacher, Vanderbilt University Medical School	
Director, Medical Students Neurology Clerkship	
2002-2009 Founder and Director, Ultrasound Laboratory, Department of Neurology	Ι,
Vanderbilt University	
2003-2008 Founder and Director of the International Visiting Scholars Program (late	er
directed by Dr. A. Arain)	

CV:Adrian A. Jarquin-Valdivia, M.D., R.D.M.S.

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2002-2009 Assistant Professor, Departments of Neurology, Anesthesia and Internal Medicine, Vanderbilt University

## Certification, Eligibility and Licensure

2007-2017	Neurocritical Care, ABPN
2005 -	American Board of Hospice and Palliative Medicine (eligible)
2005-2015	Vascular Neurology Certification, ABPN
2005-	Fundamental of Critical Care, SCCM
2004 -2014	Clinical Neurology (certified, ABPN)
2004 -	MRI/CT American Society of Neuroimaging, certified
2003 -	Registered Diagnostic Medical Sonographer, ARDMS
2005-2015	Critical Care Medicine, Added Qualifications, ABIM
2002 -	Neurosonology, American Society of Neuroimaging, certified
2002 -	Tennessee Medical License Certification - 39571
2002 -	Institutional Review Board Certification, VUMC (renewed, 2008)
1997-2007	Internal Medicine, certified, ABIM

## Memberships in Professional Societies

2005	American Association for the History of Medicine
2004	American Institute of Ultrasound in Medicine
2003	American Heart Association, Stroke Council
2003	European Society of Neurosonology and Cerebral Hemodynamics
2002	Neurocritical Care Society
2002	American Society of Neuroimaging
2002	Neurosonology Research Group, World Federation of Neurology
2002	Mayo Alumni Association
2000	American College of Chest Physicians
2000	Society of Critical Care Medicine
1998	American College of Physicians-American Society of Internal Medicine
1998	American Academy of Neurology
1997	American Medical Association

#### Honors

15	
2011	Frist Humanitarian Award Nominee, CMC (HCA)
2007	Charter Member Induction to the Academy of Excellence in Teaching, VUMC
	Alpha Omega Alpha <u>Faculty</u> , VUMC
2006	Thomas E. Brittingham Teaching Award, VU
	Risk Management Faculty Award, VU
	Grant W. Liddle research Appreciation Award, VU
2004	CADLE Teaching Award, VU
2003	Residents' Teacher of the Year Award, Neurology, VU
1986	Best physiology-biochemistry student, Medical School, U.N.A.H.
1983	National Science Merit Award United States Achievement Academy

2/15

#### **Poster Presentations**

2012 Compounded Point-Scoring Of Dysphagia Risk Factors Predict Clinical Dysphagia In An Acute Care Hospital Setting. AHA Quality of Care and Outcomes Research 2012, Atlanta (control #306)

Brain Death Criteria fulfilled via Telemedicine. The First 2 cases of "Teledeath". TriStar Stroke Symposium, Nashville

Dysphagia Risk Factor Scoring. TriStar Stroke Symposium,
Nashville

2009 Routine Enteral Probiotics Prevents C. difficile Diarrhea. 38th Congress, Society of Critical Care Medicine, Nashville

Near-Infrared Spectroscopy – its clinical potentials in brain death diagnosis. 5th International Symposium on the Definition of Death. Platform Presentation, Cuba (we could not attend the meeting)

Aortic Acceleration as a Surrogate for Left Ventricular Performance.

A simple Method. With Martina I. Okwueze, MD and Nina Mitsky,

Intracranial Pressure by Transcranial Doppler. A Different Perspective at the Spectrum. American society of Neuroimaging, Orlando. Intracranial Pressure by Transcranial Doppler. A Different Perspective at the Spectrum. 23rd Annual Research Forum, Vanderbilt University.

Clinical Role of Echocardiography in Acute Stroke. 23rd Annual Research Forum, Vanderbilt University.

Sonographic Assessment of Skeletal Muscles: Implications for a Manned Mission to Mars. Niermann, Kj, Fleischer, AC, Jarquin-Valdivia A, et al. <a href="http://www.marspapers.org/papers/Ncirmann\_2004.pdf">http://www.marspapers.org/papers/Ncirmann\_2004.pdf</a>

Neurologic complications following heart transplantation in the modern era: decreased incidence, but postoperative stroke remains prevalent. 123rd Annual Meeting of the American Neurological Association, Quebec, Montreal.

#### **Publications**

2010 Lee CD, Song Y, Peltier AC, Jarquin-Valdivia AA, Donofrio PD.

Muscle Ultrasound quantifies the Rate of Muscle Thickness in

Amyotrophic Lateral Sclerosis. Muscle Nerve. 2010 Nov.; 42(5):814-9

(PMID: 20886651)

Dobkin BH et al. (Jarquin-Valdivia AA – site Principal Investigator) International Randomized Clinical trial, Storke Inpatient

Rehabilitation with Reinforcement of Walking speed (SIRROWS), Improves Outcomes. Neurorehabbil Neural Repair. 2010 Mar-Apr;24(3):235-42 (PMID: 20164411) PDF

2009

Jarquin-Valdivia, AA, Nina Glass, Petrusa, E. BrainWaves – In your pager? Medical Education 43:486-7 (PMID: 19422505) Glass, N., Arneson, F., Jarquin-Valdivia, AA. Podcasting Neurology. Submitted to Medical Education.

Lee, VK, Kimbrough, DJ, Jarquin-Valdivia, AA. Acute Bacterial Parotitis Following Acute Stroke. Infection 2009 Jun;37(3):283-5 (PMID: 18516707)

2008

Pancioli AM. Et al (Jarquin-Valdivia AA - Site Sub-Investigator) The combined Approach to Lysis Utilizing Eptifibatide and rt-PA in Acute Ischemic Stroke: The CLEAR trial. Stroke 2008 Dec;39(12):3268-76 (PMID: 18772447)

2007

Niederhauser, BA, Rosenbaum, BP, Gore, JC, Jarquin-Valdivia, AA. A functional near-infrared spectroscopy study to detect activation of somatosensory cortex by peripheral nerve stimulation. Neurocritical Care Nov 2007 (PMID: 17975711)

Quinn, DC, Bingham, JW, Shourbaji, NA, Jarquin-Valdivia, AA. Medical Students Learn to Assess Care Using the Healthcare Matrix. Med Teacher. Sept 2007;(29)7:660-5 (PMID: 18236253)

Todd, PM, Jerome, RN, Jarquin-Valdivia, AA. Organ Preservation in brain dead patients: information support for neurocritical care protocols development. J. Med Libr Assoc (95)3:238-45 Jul 2007 (PMID: 17641753)

2005

Bridges, N; Jarquin-Valdivia, A. The Resuscitation Position. To T or not to T? American Journal of Critical Care 2005 Sep;14(5):364-8 (PMID: 16120887)

Jarquin-Valdivia AA, Rich AT, Yarbrough JL, Thompson RC. Intraventricular Colloid cyst, Hydrocephlaus and Neurogenic Stunned Myocardium. Clin Neurol Neurosurg. 2005 Aug;107(5):361-5 (PMID: 16023528)

Chuquilin, M., Jarquin-Valdivia, A.A. From Apasmara to the Falling Sickness. Early and Diverse Accounts on Epilepsy. Submitted to Lancet Neurology.

	Jarquin-Valdivia, AA; Larson, TC Carotid Dissections in Neurofibromatosis I. Journal of Vascular Interventional Radiology – Accepted, yet never published
	Jarquin-Valdivia, M.D., R.D.M.S. Adrian A.; 2005 Intensive Care Ultrasound (ICUS) Proposed Curriculum (Submitted CCM)
2004	Selph, JF; Riebau, DA; Jarquin-Valdivia, AA. Acute Ischemic Stroke after Central Line Placement Emerg and Crit C Med. 2005;8(2)
2003	Jarquin-Valdivia, AA; Mitsky, NN, <b>The Horizontal Angle of the Middle Cerebral Artery from the Middle TCD Temporal Window</b> . J Diagn Med Sonography 20:1, Jan/Feb 2004.
	Jarquin-Valdivia, AA; Psychiatric Symptoms and Brain Tumors, A brief History of the Early Western Period. Archives of Neurology
a territoria de la composició de la comp	2004 Nov;61(11):1800-4 (PMID: <u>15534193</u> ).
	Jarquin-Valdivia, AA; McCartney, J; Palestrant, D; Johnston, SC; Gress, D; <b>The Thickness of the Temporal Squama and its Implications for Transcranial Sonography</b> . J Neuroimaging 2004 Apr;14(2):139-42 (PMID: 15095559)
2001	Jarquin-Valdivia, AA; Buchhalter, Delayed diagnosis of pediatric Langerhans' cell histiocytosis: case report and retrospective review of pediatric cases at Mayo Clinic. J. Child Neurol 2001Jul;16(7):535-8 (PMID: 11453455)
1999	Jarquin-Valdivia, AA; Wijdicks, EF; McGregor, C. Neurologic complications following heart transplantation in the modern era: decreased incidence, but postoperative stroke remains prevalent. Transplantation Proceedings 1999 August, 31(5):2161-2 (PMID: 10456001)
1993	Jarquin-Valdivia, AA; Martinez-Zelaya, Y; Javier-Zepeda, C. Informe de los Resultados de 20847 Cultivos de Liquido Cefalo-raquideo en el Hospital Escuela (de Honduras) 1980 -1992. (Report of the results on 20847 cultures of cerebrospinal fluid at the Hospital Escuela 1980-1992) Medicina Clinica, Vol. 2 July - December 1993 Honduras

**Book Chapters** 

2005

**Neurocritical Care and Brain Death** chapters co-authored with Dr. Kirshner for a Neurology Clerkship book he is editing

Jarquin-Valdivia, AA. Brain Death, in Encyclopedia of Human Development

Jarquin-Valdivia, AA.; Bonovich, D. **Coma**, in Critical Care Secrets, 3ed, edited by Parsons, PE and Weiner-Kronish, J. p 327-329, 2003 Jarquin-Valdivia, AA.; Bonovich, D. **Brain Death**, in Critical Care Secrets 3ed, edited by Parsons, PE and Weiner-Kronish, J. 330-334,

Jarquin-Valdivia, AA., Bonovich, D., Hemphill, JC. The Role of the Neurointensivist (in the Management of Traumatic Brain Injury), In Contemporary Neurosurgery, Editor Paul Matz. 2003, 14(2):131-8

#### Multicenter Research

2007-2009 Nye, S, Johnson, N, Jarquin-Valdivia – Local PI and Co-PIs Stroke-Walk Study WFNR-ASNR. UCLA PI B. Dobkin – completed

2005 - Adrian A. Jarquin-Valdivia, local PI for industry sponsored, acute stroke prospective trial looking at sonothrombolysis and ultrasound contrast agents. IMRx Trial cancelled after approval.

Jason Thurman, local PI (2004) CLEAR Trial. (Combined Approach to Lysis Utilizing Eptifibatide and rt-PA in Acute Ischemic Stroke) A multicenter prospective clinical study to assess combined lytic therapy in ischemic stroke within 3 hours of onset. Site Sub-Investigator at Vanderbilt University Medical Center.

2003 - U01 NS 043975. Patrick Pullicino, PI; 9/30/01-7/31/06. WARCEF (Warfarin versus aspirin in reduced cardiac ejection fraction). A multi-center, prospective trial evaluating means of reducing embolization from dysfunctional left ventricles. Sub-investigator at Vanderbilt University site (beginning 2003).

5M01RR000083-390471. Jesse Hemphill, PI; 2000-2002. WASID (Warfarin versus aspirin for symptomatic intracranial disease), a multicenter NIH-sponsored stroke prevention study. Co-investigator at University of California, San Francisco site (through 7/02). R01 NS 039131, Edward Feldmann, PI; 9/15/99-6/30/04. SONIA (Stroke outcomes and neuroimaging of intracranial atherosclerosis), a multicenter NIH-sponsored companion Neuroimaging study to WASID. Co-investigator at University of California, San Francisco site (through 7/02).

Co-investigator for the BMS Study (A Double-Blind, Placebo Controlled, Safety, Efficacy and Dose Response Trial of Three Doses of BMS-204352 in Patients with Acute Stroke). A multicenter trial of a neuroprotective agent.

Letter

2002

Jarquin-Valdivia, AA; Thompson, A. The Origin of the Combitube. The Internet Journal of Anesthesiology. 2001, 5:4.

Biography

2000

The Biography of Edward H. Lambert, M.D. Video-documentary

Department of Neurology and Center for Humanities in Medicine, Mayo

Clinic

**Invited Lectures** 

2012

Stroke, SouthernHills Medical Center, Nashville (CME event)

2011

Stroke, Summit Medical Center, Smyrna, TN (CME event)

Stroke, Hendersonvile Medical Center, Hendersonville TN

Telemedicine and Stroke, Horizon Med Center, TN

Management of Intracerebral Hemorrhage, TriStar Stroke

symposium, Nashville (CME event)

2010

Several

2009

Neurological Complications of Organ Transplantation, 38th annual

meeting of the Society of Critical Care Medicine, Nashville

Medical Education, Reflections so Far. Neurology Grand Rounds

Cerebrovascular Diseases. Vanderbilt School of Nursing

2008

The International Visiting Scholars Program. A Global symposium on training Programs and Partnerships Institute for Global Health – Vandarbilt University

Vanderbilt University

Transcranial Doppler in Cluster Headaches. Combined Clinical

Neurosciences Grand Rounds, VUMC Stroke. Vanderbilt School of Nursing

2007

Neurology. Med-Peds Vanderbilt Residents

Muscle Ultrasound. Neuromuscular Lecture Series. Department of

Neurology

Ultrasound Physics, Instrumentation and ICU Bedside Clinical Use

Vanderbilt SICU Fellows' Conference

Clinical Neuroscience. Vanderbilt School of Nursing

Stroke. Vanderbilt School of Nursing

2006

Cardioembolism. Cardiology Division, Internal Medicine, VU

Stroke. Internal Medicine, VU

Interventions in Acute Stroke. Nursing Symposium, VU TCD in Stroke Diagnosis and Therapy. 9th Vanderbilt Stroke

Symposium

Stroke. Vanderbilt School of Nursing School

Neuroscience. Vanderbilt School of Nursing School

2005 Ultrasound in the ICU. 28th Clinical Neurology Symposium

Brain Death. 8th Clinical Neurology Symposium

Brain Death and Organ Donation. Department of Internal Medicine,

**VUMC** 

Stroke. Department of Internal Medicine, VUMC

Stroke and Right-to-left Shunts. Department of Medicine. VUMC Role of Faculty and Residents in Medical Students Education.

Department of Neurology, VUMC

Transcranial Doppler in the NeuroICU. Neurosurgery Journal Club Endotracheal Intubation in the Neurologically III. Emergency

Medicine Department. VUMC

Brain Death and Organ Donation. Department of Pediatrics 2003

Resident's Conference, VUMC

Landmarks in the History of Medicine. History of Medicine Society, **VUMC** 

Issues in Transplantation and Organ Procurement 2004. Working with Families through the Donation Process. Tennessee Donor Services. Nashville

Brain Death and Organ Donation. MICU, Internal Medicine, VUMC Subarachnoid Hemorrhage. MICU, Internal Medicine, VUMC Donation After Cardiac Death. ICU Fellows Conference, VUMC Donation After Cardiac Death (DCD). Neurology Grand Rounds, **VUMC** 

Brain Death and Organ Donation. Internal Medicine (ACRE), VUMC Intensive Care Management of Acute Cerebral Hemorrhage. 7th Annual Stroke Symposium, Vanderbilt University

Neurosonology. Combined Neurology/Neurosurgery Grand 2003

Rounds, VUMC

Ultrasound in the ICU. ICU Fellows Conference. Surgery and Anesthesiology, VUMC

Neurosonology in Acute Cerebrovascular Disease. Tennessee

Academy of Neurology, Nashville, Yearly Meeting

Brain Death. ICU Fellows Conference. Surgery and Anesthesiology, **VUMC** 

Update on Transcranial Doppler. Clinical Neurology Lecture Series. Department of Neurology, VUMC

#### CENTENNIAL MEDICAL CENTER 2300 Patterson Street Nashville, TN 37203

\*\*\*\*HISTORY AND PHYSICAL\*\*\*\*

ROOM: M.NS03-A

STATUS: ADM IN PATIENT: RUFFINO, JOHN JAMES

MR#: M001949828 ACC#: M00158587645 DOB: 06/12/59

PHYSICIAN: Akanbi, Olabisi O MD

DATE OF ADMISSION: 02/17/16

DATE OF ADMISSION: February 18, 2016

The patient was transferred from StoneCrest.

The patient was then seen by me on February 18, 2016.

#### CHIEF COMPLAINT:

The patient was transferred from StoneCrest where stroke was diagnosed.

## HISTORY OF PRESENT ILLNESS:

The patient is a 56-year-old Caucasian male with medical history significant for hypertension and hypercholesterolemia, who presented to StoneCrest ED on account of dizziness and slurred speech with facial muscle weakness as well. This was started around 8 p.m. yesterday morning. The patient is, however, a poor historian, so history was obtained by chart review and also from wife. T mstorian, so history was obtained by chart review and also from wife. The patient stated that he has been having these acute events with speech difficulty and facial weakness of unknown for the past 1 month. He has had about 3 episodes so far, which really lasted for about 3 to 5 minutes and resolved episodes so far, which really lasted for about 3 to 5 minutes and resolved completely afterwards. The patient was presented to the StoneCrest medical facility way way after the thrombolytic window and at that time, CT head was done, which did not show any intracranial abnormalities and also a CTA was done, which did not show any significant stenosis. The patient at presentation was still having the right facial weakness and droop wit slurred speech with some expressive aphasia. The history, patient woke up with above listed symptoms in the morning. At Lebanon University Medical Center, he was worked up extensively with MRI brain and MRA of the brain as well with negative findings. He was given assign at that time and was treated for possible seizures with given aspirin at that time and was treated for possible seizures with gabapentin.

The patient was subsequently transferred to Centennial Medical Center, it has to be reviewed by the neurologist over here.

#### PAST MEDICAL HISTORY:

- 1. Hypertension.
- Hypercholesterolemia.

PAST SURGICAL HISTORY: Noncontributory.

PT: RUFFINO, JOHN JAMES

UNIT: M001949828

ACCT: M00158587645

